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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
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X Practitioners associated with the Customer Number:			49579				
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
l L	Name		Registration Number		Name	Name Registra Numb	
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as attorne	ey(s) or agent(s) to represe	ent the undersigned before	e the United State	s Patent and Traden	nark Office	(145BTO) (n. com-	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
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Assignee I	Name and Address:						
1 11							
Broadcom Corporation							
5300 California Avenue							
Irvine, California 92617							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
the practitioners appointed in this form if the appointed practitioners is such as a s							
and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assigned of Record							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature		ender	1		Date	4/9/00	7
Name	Dee Henderson				Telephon	7/1/0/	5000
Title	Senior Manager,	Intellectual Prope	rty Adminis	tration	1	^e (949) 926-	2000
Ct. 1 14 14							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.